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CONFIRMATION NO. 5454

<b>SERIAL NUMBER</b> 09/502,627	<b>FILING OR 371(c) DATE</b> 02/11/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2174	<b>ATTORNEY DOCKET NO.</b> 53326-018
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**APPLICANTS**

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PK

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/120,207 02/11/1999 and claims benefit of 60/120,206 02/11/1999  
 and claims benefit of 60/120,208 02/11/1999  
 and claims benefit of 60/120,209 02/11/1999  
 and claims benefit of 60/119,762 02/11/1999

PK

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None PK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 04/12/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>PK</i>				

**ADDRESS**

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**TITLE**

System for automated comprehensive remote servicing for media information

<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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